

PONTYPOOL URBAN DISTRICT COUNCIL.

Medical Officer's Annual Report, 1896.

Denham House, Pontypool,
January 20th, 1897.

Mr Chairman and Gentlemen,—I beg to lay before you my nineteenth annual report respecting the health and sanitary condition of your district for the twelve months ending December 31st, 1896. I regret my inability to congratulate you on the extension of your area. Your district lies within the same circumscribed radius as heretofore, and may be described as follows:—It lies upon the carboniferous system, or more particularly the millstone grit, or farewell rock, or the lower portion of the true coal measures, and forms the eastern outcrop of the South Wales coalfield. The strata dip, or slope about three inches per yard in a south-westerly direction.

Configuration.—The surface of the district is extremely irregular and hilly, and lies to the north of the Trosant Brook and to the west of the Avon Llywyd River. It comprises the angular portion of land formed by the above-named streams. The ground rises or slopes up in a northerly, north-westerly, and westerly direction from the before-mentioned streams, and lies at an elevation of from 400 to 700 feet above the mean sea-level, and comprises an area of 234 acres.

The atmospheric conditions affecting a valley are no criterion as to the same conditions existing in the country generally, and valleys are a rule more often affected by moisture than more elevated regions. The consequence is that your district suffered from an excess of moisture during the year, but owing to the configuration of the ground it rapidly flows away. Yet still the effects remain to a great degree, and are markedly shown by wear and tear of the roads and the frequent short epidemic like series of invasions of colds and influenza which attack the inhabitants. The first three months of the year were damp and mild. These were followed by dry intensely hot weather, April and May being characterised by frequent north-easterly winds, bringing to your district influenza and bronchopneumonia. The remaining months of the year were rough, wet, and cheerless. This latter condition has been detrimental to the health of young children, old persons, and weaklings, who, through poverty, are insufficiently clad and fed. Yet, notwithstanding many adverse circumstances, of which I may mention bad trade as the most poignant factor, and one affecting the majority of your inhabitants as it has materially altered their pecuniary position, your district has not such a bad record for the period under review as it might have had.

During the twelve months ending December 31, 1896, 73 persons—34 males and 39 females—have died in your district. This gives a death-rate of 11·8 per 1000 per annum of the estimated population. This is the lowest annual death-rate I have had to record since my appointment as medical officer. Since 1892 the death-rate has been gradually declining. This I will tabulate farther on.

The death rate as shewn above is the rate of persons actually dying within your Authority. There is a fallacy in this death rate, inasmuch as it includes the deaths of persons belonging to other districts, several of whom are known to me, and it does not include persons belonging to your district who have died elsewhere. I am in a position to correct this death rate by including 8 persons who died in the Union Workhouse, who, under ordinary circumstances, would have died in your district. This will bring the death rate up to 15·1 per 1,000 per annum. As I have shewn, this is not the correct death rate, because I cannot exclude those who died in your district belonging to another; however, it will have to answer our purpose. And further than that, several of the deaths occurring at the Union Infirmary, although removed from your district, did not belong to it, as they were migratory persons, and sought parish relief here.

During the past year the births numbered 162—83 males and 79 females—the birth rate being 26·3 per 1,000 per annum of the estimated population. There is a serious falling-off in your birth rate. Forty-nine children were withheld from your district as compared with last year. The prosperity of a country is reckoned by the number of marriages and by the birth rate. If your birth rate has gone down, I am glad to say there is a compensating advantage, for the rate of infant mortality per 1,000 born has decreased also. For the year under review it is 128·3 as compared with last year, when it was 141·2.

The death rate from all zymotic diseases (as per Notification Act of 1859) was 2·4 per 1,000 per annum. I ought to point out that this increase of deaths from zymotic diseases is more apparent than real, as 11 children died from whooping cough; but in only 3 cases did the child succumb from that disease alone, but by other chest affections supervening on the primary disease; therefore it is reasonable to suppose that had no secondary affection complicated the whooping cough, the probability is that most of the 11 lives would have been spared.

	Birth rate per 1,000 per annum.	Death rate per 1,000 per annum.	Deaths under 1 year per 1,000 born.	Zymotic death rate per 1,000 annum.	Corrected death rate per 1,000 annum.
1892	40·3	22·8	176·4	5·4	24·3
1893	35·7	17·6	150·2	2·5	19·7
1894	34·8	16·4	142·8	2·1	18·4
1895	34·6	14·1	142·1	·8	19·7
1896	26·3	11·8	128·3	2·4	13·1

From the above tabulated list you will see that for the past five years the general death rate has been getting lower; and one important factor in bringing about an increased mortality, viz., the infantile death rate, has gradually come down so very encouragingly, that I am inclined to think that more care is bestowed on the feeding and welfare of those under one year of age. The mean death rate for Pontypool Urban District for the five years, 1892 to 1896, was 16·5. I think it will be easily seen that this is a very satisfactory death rate. The mean average death rate at all ages for the whole of England and Wales for 1894 was 16·6 persons per 1000 per annum, this being the lowest on record. From the above table it will be seen that the rate of infant mortality per 1000 births is declining; for the year under review it is 128·3. This, compared with other large towns, is highly satisfactory, especially when we consider the amount of poverty and privation existing among the labouring classes.

The births for the past twelve months numbered 162—83 males and 79 females, the birth rate being 26·3 per 1000 per annum of the population. This, I regret to say, is a reduced birth rate—in fact, I believe it is the lowest birth rate I remember. The birth rate has been declining for several years, and I firmly believe that the disturbed condition of trade has had a marked effect upon the marriage rate, although I cannot give statistics relative to the latter. Of the 162 children born in your district during the past year, 21 died before attaining one year of age, so that the net gain to your population is 89, that is, after deducting the whole of the deaths. This number is a less gain than that of 1895 by six. On analysing the causes of death of the 21 children who died before reaching the end of their first year of life, I find 11 succumbed to chest affections, and the remainder to convulsions and gastro-intestinal troubles, more or less due to improper feeding. I am inclined to think that the feeding of infants is better understood and carried out among the labouring classes, but still I find some who persistently give gruel and other farinaceous foods to very young children, whose digestive organs are only capable of digesting milk.

Table A, supplied by the Local Government Board, epitomises the mortality from all causes as under:—

Deaths under 1 year of age	21	36	under 5
" 1 year and under 5 years	15	2	years of age.
" 5 " " "	15	2	
" 15 " " "	25	5	37 over 5
" 25 " " "	65	17	years of age.
" 65 " and upwards	13	13	
Total	73	73	

Causes of mortality, Table A:—

	Under 5 years of age.	5 years and upwards.
Diphtheria	1	0
Typhoid Fever	0	2
Whooping Cough	11	0
Phthisis	0	7
Bronchitis, Pneumonia, & Pleurisy	11	7
Heart disease	0	5
Injuries	1	0
All other diseases	12	16
	36	37

Table B, another requirement of the Local Government Board, has reference to new cases of sickness, census, area, &c.

Pontypool Urban District Council.		
Population at all ages, census 1891	5842	
Estimated to the middle of 1896	6142	
	Under 5 years of age.	Over 5 years of age.
Smallpox	0	3
Scarlatina	9	13
Diphtheria	2	5
Membranous croup	3	0
Typhoid fever	0	6
Puerperal fever	0	2
Erysipelas	0	2
	14	31

Number of such cases removed to isolation hospital from their homes: Smallpox, under 5 years of age, 0; over 5 years of age, 3. Typhoid fever, under 5 years of age, 0; over 5 years of age, 2.

The Notification Act has been of signal service in bringing to our notice 45 cases of infectious disease. Each case notified has been dealt with as it arose, and I believe in so satisfactory a manner that nothing assuming the proportions of an epidemic of any infectious disease has been allowed to crop up.

Scarlatina.—This has been the most general infectious disease during the year. Twenty-two cases have been notified. Commencing in May with one case it followed on through the year in the order here given:—June, one; July, one; August, two; September, one; October, eight; November, four; and December, four. None of the cases were of a very serious type, and all recovered.

Diphtheria.—This disease attacked seven persons, four of the number having a mild form and made quick recoveries. The other three were of a more serious nature. The first, a child aged three years, was sent from an infected house in London to avoid the disease, and immediately on its arrival in

your district it developed rapidly, and proved fatal within 48 hours. As far as possible all sanitary precautions were taken, yet, notwithstanding this, two adult females who had been in attendance upon the child developed the disease. Each had a severe attack but both recovered.

Membranous Croup.—Three cases of this affection were notified: all recovered.

Typhoid Fever.—There were six cases of typhoid notified during the year under review and two deaths, one of the latter having been notified the end of 1895. Five cases were in one family, all paupers. Two I sent to the Union infectious disease ward, and in consequence of the determination of the Guardians to admit no infectious disease from outside the other three were treated at their homes. The first case of this batch was undoubtedly imported, the family being made up of many members of various relationship, and wandering about the county as tinworkers and usually camping out. In their usual way they had fixed their abode on the banks of a stream outside your district where only a few months previously I had a fatal case of typhoid evidently from drinking the polluted water. The first sufferer of the five admitted having drunk of the stream. The four other cases were developed out of this one. All these cases occurred in January and February. Early in March another case was notified in the same neighbourhood but in a different family. I could not trace the cause of this and regret to say it proved fatal from perforation of the intestine. Since then your district has been free from typhoid fever. There is no doubt but that the recovery of this family of tinworkers was in a measure greatly due to the untiring efforts of the then district nurse, who was doing duty here, from the Queen Victoria's Jubilee Institute of Nurses.

Puerperal Fever.—Two cases of this terrible disease were notified. I endeavoured to find out the causes leading up to the attack, in one case there is not a doubt in my mind but that it was introduced by the hands of a dirty midwife, in the other case the cause was not traceable. They both recovered.

Smallpox.—Three cases of smallpox occurred and the victims were all tramps, and the 3 were unvaccinated, and in each case they were located in a common lodging-house. Two occurred in January and the third in March. The 2 cases that occurred in January I had promptly removed to the infectious disease ward at the Union Infirmary, inasmuch as having brought the usual parish order I considered that the Guardians had as much right to take charge of them as though they were ill with any other complaint, especially as they were destitute and the disease having shown itself in a common lodging-house, and further than that, there was no isolation hospital in your district, nor anywhere near. The third case came under my observation on March 29th. In my capacity as district medical officer I received a note to attend a man on behalf of the Guardians of the Union. I found him in bed in a room of the common lodging-house, the room containing 8 other occupied beds. I discovered he had smallpox badly and had come from Usk 4 days before. He was quite destitute, having but fifteen pence as his capital and that being due to the lodging-house keeper. Acting as your medical officer of health I immediately set about isolating the case, and to that end sent for the relieving officer to remove the case as he did the former cases to the Infectious Ward at the Union. This he refused to do, having had orders from the Guardians to take no more infectious diseases to the Union Infectious Disease Ward. I then obtained temporary possession of a cottage close to the spot where I had treated the 5 cases of typhoid, and late at night removed the case there, my object being to get it out of the common lodging-house. The day being Sunday I was somewhat hampered, but I vaccinated all the inmates of the lodging-house that would be done, thoroughly disinfected the whole building before midnight, and destroyed all traces of the disease as far as that place was concerned. The next day I met a committee of your Board, and after laying the case before them, and they seeing the urgency of action, gave me permission to get a Netten Radcliffe hospital tent and erect it in the most suitable place I could find and remove the case there. This I did with the assistance of your inspector of nuisances and relieving officer, although there was a delay in getting the complete fittings of the tent for several days, owing to the canvas part going astray on the railway. I had the tent erected in a very airy meadow within your district and the case did well, we were enabled to keep up complete isolation, and had a pit dug to take all refuse, on which a layer of earth and chloride of lime were thrown every day. As the case was getting well, I was able to receive a case from our Neighbours, the Abersychan District Council. After very careful disinfection I was able to take down the tent and store it away. It has not been needed since, but I was so satisfied with it that if any other case occurred at any other time of the year I should not hesitate to erect it and use it again, as it is very snug and easily kept warm. I may add that the attendants were provided with an ordinary army bell tent.

Phthisis.—There were seven deaths from this affection. I felt encouraged in 1895 at only having two deaths to record, but this is a disease very difficult to control in a damp valley.

Bronchitis, Pneumonia and Pleurisy.—There were but 18 deaths from these diseases. 7 boys occurred

at no particular period of the year, but arose at intervals all through the past 12 months. Affections of the chest were more numerous during the year I am reviewing than in 1895, when but 15 cases of the above-named affections occurred as compared with 33 in 1894 and 41 in 1893. I believe the inhabitants are more alive to the necessity of more careful nursing, and they certainly pay greater attention to the dietary of young children.

Influenza.—This malady, although not so general as it has been in former years, has shown itself frequently during the past year. There has been no fatal case, yet many have suffered from its effects.

In reviewing the health of the district for the past 12 months I most unhesitatingly can say that there has been a great improvement in your area. There is doubt but that the lessened death rate, the lowered infantile mortality, the greater freedom from chest affections, especially in children, are all the outcome of an improved sanitary condition of your area. Speaking broadly the cause of a high death rate is dirt. Your officers have been untiring in their efforts to get clean air, clean soil, and clean food, and have lectured the inhabitants constantly on personal cleanliness, although this latter is the most difficult task. The ready response of your inspector of nuisances to my suggestions for disinfection and improvements anywhere and at all hours have assuredly led to making your district so healthy during the past year.

The water supply has been universally good. During the drought of last summer the upper parts of the district were somewhat short, but at no time were we placed as some districts were—without any at all. Everyone could get a supply if they only took the precaution to store it when it was turned on.

The meat supply has been abundant, good, and cheap, and I am glad to say that no single sample of unsound meat has been seized.

I regret to say that vaccination is not in so flourishing a state as it ought to be owing to the delay in the report of the Vaccination Commission, and the very vague and altogether misleading conclusion of their report. The public instead of embracing the blessings of vaccination are more negligent of it than ever. If your district is to be kept clear of smallpox every infant must be vaccinated, and every adult re-vaccinated; and I hope the legislature will make laws during the coming year insisting more fully than at present on the operation being well and thoroughly done.

The welfare of your inhabitants, especially the poorer ones, has been carefully tended in their ailments and accidents by the district nurse. Your district has been fortunately placed the past two years by having the free services of a highly-trained nurse from the Queen Victoria's Jubilee Institute of Nurses. This is a desideratum that cannot be too highly appreciated, and I believe I am right in saying that the boon conferred by the generosity of Mr J. C. Hanbury, J.P., of Pontypool Park, is prized by the public and medical profession alike.

No definite decision has yet been come to by your Authority as to the disposal of the sewage. I am in a position to say that the drainage of the district is becoming more perfect every year, old box drains and others of an obsolete type are being replaced with proper glazed sanitary pipes wherever found, and if some scheme can be arrived at to deal with the sewage a great work will have been accomplished. I had the pleasure of attending a convention on the subject brought about by the Monmouthshire County Council on the 15th of the present month, when the county surveyor brought forward a great scheme to drain the Eastern and Western Valleys by a grand trunk tunnel emptying itself into the sea. The idea commended itself to my mind, and if your Council can arrange to join in it I certainly consider it will be the best for all time.

Your inspector reports having served notices for the removal and abatement of nuisances during the year as follows:—

Insanitary, defective, and dangerous buildings	9
Defective and foul w.c.'s	49
Defective drainage	40
Overcrowding	2
Removal of manure, &c.	10
General nuisances from defective down pipes, filthy dwellings, accumulation of ashes, filth, and washtubs, &c., and the removal of swine	180
Obstruction and throwing water in the street	89

The above have all been properly dealt with. The common lodging-houses, workshops, dairies and cowsheds, slaughter-houses and bakehouses have all had regular inspections, and a ready compliance has been given to all suggestions from your officers.

The erections of new buildings have been regularly superintended, viz., 4 houses in Conway's lane, 2 in Gwent-street, and 1 in Coedcae.

The churches and chapels in the district, the Town Hall, Mission Hall, Assembly Rooms have all been disinfected, and all the schools disinfected twice during the year.

I am, Mr Chairman and Gentlemen,
Yours obediently,
S. B. MASON, M.R.C.P., &c.,
Medical Officer of Health.

July 1892